

***ENSURING LINKAGE TO CARE FOR
RECENTLY RELEASED HIV POSITIVE
INMATES***

*2012 Texas HIV/STD Conference
Austin, TX
October 31, 2012*

WHY ARE YOU HERE?

- What Are You Expecting From This Workshop?
- What Will Make This Workshop A Success For You?

SHOW OF HANDS

- How many have worked with a client recently released from incarceration?
- How many of you have received that client through a referral from your local jail system or TDCJ/UTMB?
- How many of you feel equipped to handle the added issues of your client's criminal history?

A LIL' BACKGROUND

CORRECTIONS IN TEXAS AND
FACILITIES TO BE DISCUSSED

WHY SHOULD YOU CARE?

- HIV prevalence is still 3.8 times higher in correctional facilities compared to the general population.
- Texas rates 3rd in number of HIV-infected inmates (in the states reporting data).
- While incarcerated HIV-infected inmates are in a system of care, but linkage to care in the community is problematic.

CHALLENGES OF LINKING THE RR

- Culture of incarcerated system is much different than the expected self advocacy of the “free world”
- Most Social Services Require Identification (Birth Certificate, Social Security Card, State ID, License)
- Housing Options
- Alcohol/Substance Abuse Issues
- Lack of Social Support
- Transportation
- Language Barriers
- Low Literacy
- Maintaining Confidentiality Post Release
- Unemployment
- Mental Health Conditions

CORRECTIONS IN TEXAS

POPULATION

1 in 22 adults^{1,2}

is under correctional control

- **Growth over time:** in 1982, the figure was 1 in 42 adults^{1,2}
- **Percent behind bars:** at year end 2007, 31 percent of the correctional population was in prison or jail (national rank: 30); the figure for 1982 was 20 percent (national rank: 45)¹

POPULATION, RATES AND RANKS (YEAR END 2007)

Population			Combined Population	Share of adults	National rank
	State	Federal			
Probation	434,309 ¹	2,052 ³	549,725	1 in 32	7
Parole	101,748 ¹	11,616 ³			
Prison	159,016 ¹	20,628 ⁴	247,529	1 in 71	5
Jail	67,885 ⁵				
Total	797,254			1 in 22	4

- ❖ 1 in 22 Texans are under correctional control:
 - 1 in 32 on Parole or Probation
 - 1 in 71 in Prison or Jail
- ❖ 2.96 Billion spent on Corrections
- ❖ One In 31: The Long Reach of American Corrections, The Pew Center On the States, March 2009:
http://www.pewcenteronthestates.org/report_detail.aspx?id=49382

TDCJ

- The Texas Department of Criminal Justice (TDCJ) manages one hundred and fourteen (114) facilities including seven (7) privately operated correctional centers, five (5) privately operated state jails, two (2) privately operated Pre-Parole Transfer (PPT) facilities, and five (5) intermediate sanction facilities.



HCSO

- The Harris County Sheriff's Office is the largest sheriff's office in Texas and the third largest in the United States.
- HCSO operates three facilities including:
 - The 701 Jail (also known as 701 North San Jacinto) is one of the largest detention facilities in the United States,
 - The 1307 Jail (also known as the 1307 Baker Street facility)
 - The 1200 Jail (as known as the 1200 Baker Street facility)
- On average, the census of the HCSO facilities is approximately 10,000.

MENTAL HEALTH AT HCJ

- ❖ There are approximately 500,000 adult Harris County residents who experience a mental health condition each year;
- ❖ Approximately 140,000 of those suffer a severe mental illness, such as severe depression, bipolar disease and/or schizophrenia;
- ❖ Almost half of adult Harris County residents who suffer from a severe mental illness could not access treatment;
- ❖ And approximately 20 percent of inmates in the Harris County Jails have a history of mental illness.

MULTI-PARTNER APPROACH

- Because of the far ranging impact, a variety of partners are required to address this problem.
- Views represented in this presentation:
 - The State Perspective (DSHS)
 - The Local Perspective (Services)
 - The Local Perspective (Planning)

THE STATE PERSPECTIVE

JANINA VASQUEZ

DSHS

WHO WE SERVING: TDCJ

Offender Population and Known HIV (+) Offender Population by Month, 2012

Month	Population	HIV (+)	Month	Population	HIV (+)
January	155,322	2,297	July	152,895	2,265
February	155,077	2,302	August	152,302	2,271
March	155,104	2,288	September	152,027	2,267
April	154,554	2,251	October		
May	154,490	2,245	November		
June	153,641	2,273	December		

Texas Department of Criminal Justice, Health Services Division. HIV and AIDS Monthly Statistics, September 2012.

An average of 100 persons with HIV are released from TDCJ every month

**HIV (+) Offenders by Legal County of Residence, Incoming and Outgoing-
September 2012**

County of Residence	Incoming		Outgoing	
	Number	%	Number	%
Harris	783	35	13	13
Dallas	401	18	3	3
Tarrant	126	6	3	3
Travis	94	4	2	2
Bexar	133	6	3	3
Remainder	730	32	78	76
Total	2,267	100		100

Texas Department of Criminal Justice, Health Services Division. HIV and AIDS Monthly Statistics, September 2012.

DSHS AND TDCJ

- Funds 2 positions at the University of Texas at Galveston-Correctional Managed Care to conduct Medical Discharge Planning 4 months prior to release from the Texas Department of Criminal Justice (TDCJ).
- Starting in 2011, funds 3 positions at the TDCJ Reentry and Integration Division to conduct Transitional Discharge Planning.

DSHS AND TDCJ: EDUCATION

- Developed a 12 hour Discharge Class –Somebody Cares in partnership with AIDS Foundation Houston, TDCJ Health Services Division, TDCJ Peer Education Programs at the Walls, Polunsky and Gatesville units and written by ETR Associates.
- Currently being piloted at 4 TDCJ sites.
- Working with Texas A&M school of rural public health to evaluate the curriculum.
- TDCJ Parole office posters to call the Texas AIDS Drug Assistance Program (ADAP).
- Pill bottle sticker to contact ADAP.

TEXAS ADAP

- Healthy ADAP program
- Expedited applications for the recently released
- Position that goes beyond eligibility and provides limited case management
- New application released in June 2012
- On-line ADAP 101 training on TRAIN system;
Access TRAIN at <https://tx.train.org/>

ACCESS TO TEXAS ADAP FOR RR

- January to June 2012
- 40.5% of releases:
 - Enrolled in ADAP within an average of 15 days after release
 - 20 days average from release to initial order
- 70% of TDCJ releases were prior ADAP clients
- Plans for ADAP position to do Case Management with the RR

DSHS STATEWIDE

- Texas DSHS Minority AIDS Initiative (MAI) funds are used to assist post incarcerated persons with linkage to services and medications including the Texas HIV Medication Program (THMP).
- Funds 3 local community providers: in Houston, Dallas and San Antonio to support linkage to HIV Medications and Medical Care.

DSHS AND HOUSTON

- Collaboration with SIRR
- SIRR Conference
- Local collaboration to engage RR to develop ShellBook life stories. For TDCJ:
www.lifestories.shellbook.net
- Pocket Resource Guides State Wide
- In 2012 will fund an HERR position at Harris County Jail.

LOCAL PERSPECTIVE (HOUSTON)

ANNA HENRY

PATRICK L. MARTIN

THE RESOURCE GROUP

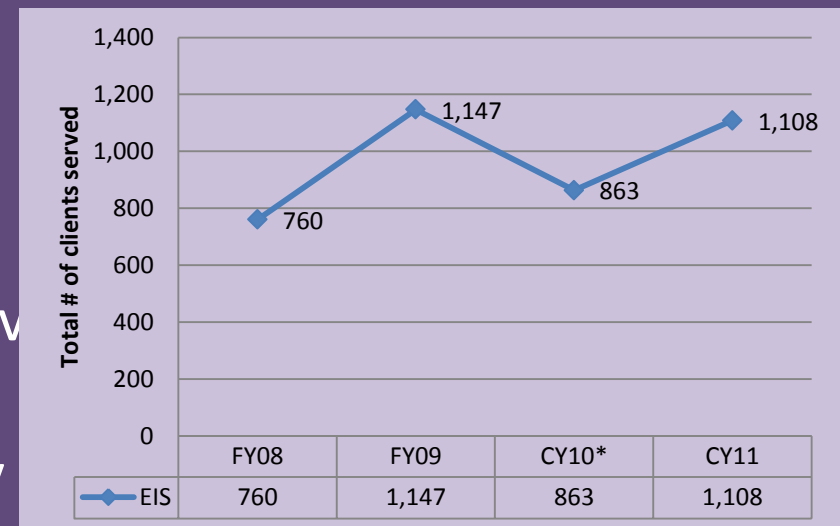
PLANNING: STEP ONE

A FIRM FOUNDATION

ESTABLISHMENT OF LINKAGE TO CARE SYSTEM

- Local tailoring of the Early Intervention Services (EIS) Service Category
 - Focus on PLWHA in Harris County Jail
 - Purpose: to facilitate linkage to care at community-based ASOs post-release
- Planning Council annually approves allocation (\$166,211) of State Services for EIS Service Category (FY09 to present)
- Review of UDC and other service utilization reports by RWPC in ongoing planning activities

Figure 2: Total Client Utilization of EIS Targeted to the Incarcerated in Harris County Jail, Per Year



*Reporting time period changed from fiscal year (FY) to calendar year (CY)

TAILORED ASSESSMENT

- Inclusion of and analysis in community-wide HIV/AIDS Needs Assessment (beginning 2011)
 - “During the past year, have you been released from jail or prison?”
 - 72% reported it was easy to get HIV medical services; 17% said they had difficulty
 - 61% reported that it was easy to get HIV medications; 22% said they had difficulty
 - 60% reported it was easy to get case management; 20% said they had some difficulty

SYSTEMS-WIDE IMPROVEMENT PLANNING

- HRSA guidance for 2012 Comprehensive HIV plans (May 2011)
 - Grantees must include “[s]trategy, plan, activities (including responsible parties) for addressing the needs of special populations including but not limited to: adolescents, injection drug users, homeless, and transgender.”

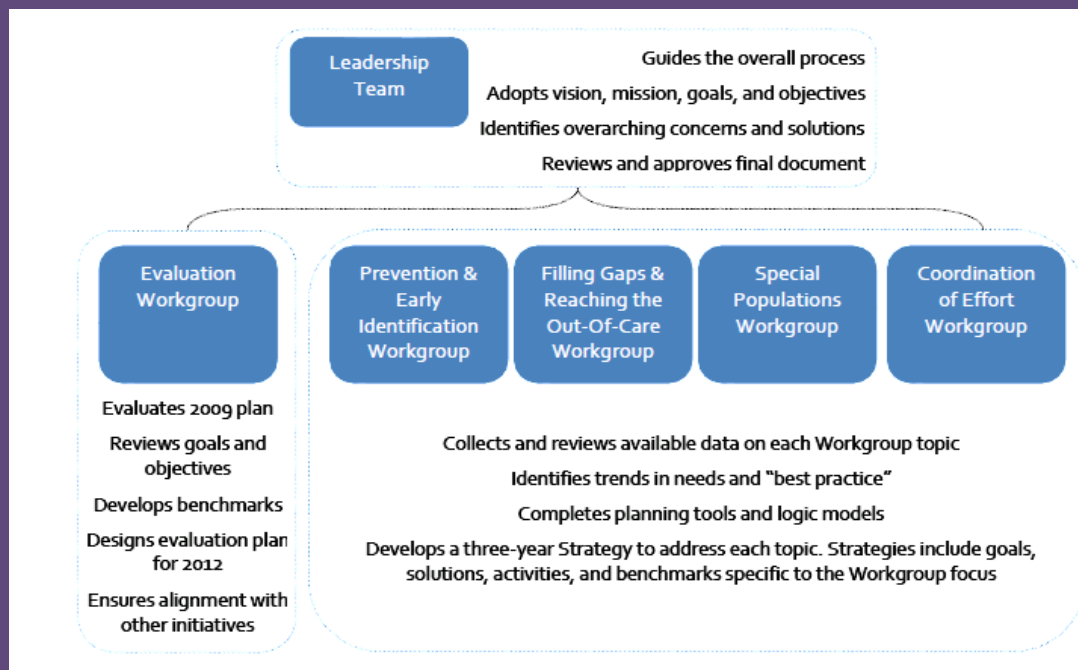


Figure 3: Structure Used to Develop the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 - 2014

SYSTEMS-WIDE IMPROVEMENT PLANNING

2012 Houston Area Comprehensive Prevention and Care Services Plan

Strategy 3: Strategy to Address the Needs of Special Populations

- Goals

1. Prevent New HIV Infections among the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender
2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender
3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System

- Solutions

1. Infuse the HIV prevention and care system with policies, procedures, and other structural solutions that ensure equal treatment of all people living with or at risk for HIV
2. Fill gaps in targeted interventions and services to better meet the HIV prevention and care needs of vulnerable populations
3. Improve data management systems to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations

SYSTEMS-WIDE IMPROVEMENT PLANNING

- **Benchmarks**

1. Reduce the number of new HIV infections diagnosed among each Special Population by 25 percent:
 - IRR from jail, from 1,097 to 822
 - IRR from prison, from 137 to 102
2. Increase the proportion of newly-diagnosed individuals within each Special Population linked to HIV clinical care within three months of their HIV diagnosis to at least 85 percent:
 - Incarcerated in jail, maintain at 100 percent
 - Recently released from jail, from 62.0 percent to 85 percent
 - IRR from prison, *baseline to be developed*

SYSTEMS-WIDE IMPROVEMENT PLANNING

- **Benchmarks**

1. Prevent increases in the proportion of individuals within each Special Population who have tested positive for HIV but who are not in care (Ryan White HIV/AIDS Program Unmet Need Framework):
 - IRR from jail, *baseline to be developed*
 - IRR from prison, *baseline to be developed*
2. Maintain the percentage of frontline HIV prevention and care staff receiving annual cultural competence training at 100 percent

SERVICES: STEP TWO

MAKING IT REALITY

THE HCJ EIS PROGRAM

- Starting in 2001, The Resource Group funded two positions through State Services funds to ensure that HIV-positive inmates received appropriate care while incarcerated.
- The two care coordinators work for HCJ and coordinate with the contract medical providers.
- In September 2010, a discharge planner position was added (a direct result of SIRR).

WHO ARE WE SERVING: HCJ

HIV-Positive Inmates Served by Harris County Jail

Gender						
	2008	2009	2010	2011	UDC	Repeats
Male	578	893	834	873	1730	1448
Female	169	237	198	212	436	380
Transgender	13	17	16	12	31	27
Total	760	1147	1048	1097	2197	1855

BACKGROUND ON SIRR

- Born from the Linkage To Care Pilot Project
- During the 2009 Standards of Care workshop, HCJ requested TRG facilitate a community meeting to increase the partners in the Linkage to Care Project.
- In December 2009, TRG facilitated a stakeholders meeting at its office to discuss the expansion of the pilot project. Little did we know that 28 providers and community members showed up including representatives from DSHS.
- Since then, the stakeholders meeting became the Serving the Incarcerated and Recently Released (SIRR) Partnership of Greater Houston.

SUCCESSES OF SIRR

- Mini Blue Books



- SIRR Network

- Active, engaged community advocates meeting monthly to help identify local gaps and barriers

- Improved Outcomes

- 470/1108 or 42% (22%) accessed medical care after incarceration. This included 90 individuals who accessed medical care for the first time.
- 88/1108 or 8% of the clients utilized RW funds for medications.

SIRR SURVEY

- SIRR is conducting a survey of consumers and providers in October and November. The survey will be used to evaluate outcomes of the linkage to care project from the community and provider perspective.
 - Consumers: Individuals released from prison or jail in the last 12 months
 - Providers: Agencies who have served the recently released in the last 12 months and members of the correctional system who would have made community referrals.

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SIRR Survey

Preliminary Findings

- Survey began 10/17/2012
- 17 HIV Positive RR Individuals have completed the survey either over the phone, in person or on web based survey
- Multiple recruitment methods currently underway

SIRR Survey

- 100% Male at birth, 35% Identify as Transgender at the time of survey
- 100% African American
- Average age of respondents is 41
- 58% Unemployed
- 17% Reside in shelter, 17% Halfway house, 29% Home of family member or friend
- 70% High School Diploma or GED
- 47% TDCJ, 52% Harris County Jail

LESSONS LEARNED

Strategies and Starting Points

STARTING POINTS

- Examine current systems to determine whether they are RR-friendly:
 - Fast Tracking
 - Ease of Navigation
- Dedicated Staff
 - Much like mental health and substance abuse, knowledge about working with RR is specialized
- Reach out to community partners
 - Ryan White is not the only world of services
 - Make contacts with correctional partners
 - Use and abuse the Pharmaceutical Companies

STARTING POINTS

- Target Easy Wins
 - Build momentum by targeting an easy win.
 - Uniform Referral Process
- Consumer Participation Is Paramount
 - Find consumers who have been through the system
 - They know what really is happening and how to fix it.
 - If you build it they will come.
 - If you build it wrong, you'll be play baseball by yourself.

LESSONS LEARNED

- Document your systems:
 - Dismiss the myths
 - Update frequently
- Know Your Place In the Food Chain
 - Big Fish, Small Fish
 - TDCJ versus HCJ, DSHS versus TRG

LESSONS LEARNED

- Bring people together to network:
 - Community trainings
 - Resource development
 - FOOD!!!!
- Find A Good Facilitator
 - Guide the conversation
 - Navigating pitfalls and politics
 - Never say never – no soul-crushing allowed
- Share knowledge
 - Presentations
 - Mentoring

LESSONS LEARNED

- Find Passionate Champions
 - People's passions inform their actions
 - Parole Trainings
- Evaluate and change course as needed
 - Systems are fluid
 - Personnel changes
 - Play to strengths
- Investments Pay Off
 - In a world of too many meetings, the right meeting pays off.
 - Keep them happy

LESSONS LEARNED

- What's In It From You
 - Partnership is based on what's in it for the partners not just you.
 - Frame the discussion based on what the benefits are for the other person
- Boil It Down To The Basics
 - Uniform referral process.
- Newest Lesson Learned: Use Free Labor
 - Internships and Projects – Universities
 - Social work and public health

Q & A



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